

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 5 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 708-H

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Springfield TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR Republic, TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hosp.		Length of stay in lb 2 hr.		d. STREET ADDRESS S. Main		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Baby First " B " Middle " B " Last Demanche				4. DATE OF DEATH Month 7 Day 11 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 7-11-1957	
9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HRS. Hours 2 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Springfield, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME R ichard Demanche				14. MOTHER'S MAIDEN NAME Nancy Brown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Address R ichard Demanche Republic, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pre-Viable Birth Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Minimal Placental Perfusion & Spontaneous Birth at 23 weeks gestation. DUE TO (b) Birth at 23 weeks gestation. DUE TO (c) Twins (Twin 7615) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Twins (Twin 7615)						INTERVAL BETWEEN ONSET AND DEATH 2 Hrs	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour 7:50 p. m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Springfield, Mo.		COUNTY Greene STATE Mo.	
21. I attended the deceased from 7-11-57 to 7-11-57 and last saw him alive on 7-11-57 Death occurred at 7:50 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE R. Conrad, M.D. (Doctor or title)				22b. ADDRESS Springfield, Mo.		22c. DATE SIGNED 7-12-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-12-1957		23c. NAME OF CEMETERY OR CREMATORY Garoutte Cemete y		23d. LOCATION (City, town, or county) (State) Greene County, Mo.	
24. FUNERAL DIRECTOR ADDRESS Cantrell Fossett Republic, Mo.				25. DATE RECD. BY LOCAL REG. 7-29-57		26. REGISTRAR'S SIGNATURE Edna Williamson	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 48

P. O. Address Ripabla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.